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A WEEKLY EPITOME
OF
CURRENT MEDICAL LITERATURE.

MEDICINE.

(130) The Diagnosis of Cancer of the Bronchi and Lungs.

DR. W. EBSTEIN, of Göttingen (*Deutsche med. Woch.*, October 16th, 1890), in an expansion of an address on this subject delivered by him during September of the present year, before the Congress of German Naturalists and Physicians at Bremen, treats of the diagnosis of cancer of the lungs and bronchi. Without attacking the vexed question of the exact point of origin of cancer in the bronchi, he divides the subject into two divisions, dealing first with cancer limited to the bronchi, and then with cancer beginning in the bronchi and spreading to the lungs. He relates two cases illustrative of these conditions, with great minuteness of detail. In the one, that of a man, aged 67, the disease had spread along the lymph channels and invaded a considerable tract of lung without giving positive indications other than those common to inflammatory affections of the parts attacked. In the second case the patient was aged 54, and the onset of the disease was attributed to a violent strain, which had set up much local tenderness. The physical signs were much more limited to the affected area; a small nodule had appeared on the surface some time before death, and secondary deposit in the brain had given rise to a partial ocular paralysis. The primary disease was found to be limited to a bronchus, but almost all the organs showed secondary deposit. Dr. Ebstein enters into a very long and exhaustive discussion of the various symptoms and physical signs, and of their value in diagnosis. He is led to conclude that the actual discovery of cancerous tissue either in the sputum or in the results of exploratory puncture forms the only positive diagnostic sign. Careful study of all the points in the history and course of the disease, taken in conjunction with the symptoms as they occur, may sometimes afford sufficient evidence to argue upon, but the secondary symptoms set up by bronchitis, emphysema, atelectasis, and the like are apt to make positive diagnosis impossible. Even microscopic evidence is not absolutely trustworthy, since changes may be brought about in epithelial cells in various phases of inflammation, which may render them hardly distinguishable from cancer cells. A certain degree of intermittent fever is believed to attend the development of bronchial cancer, but care must be taken to exclude the possibility of tubercle in any given case, as the two conditions are not antagonistic. Cachexia is not of necessity present in the earlier stages. That direct irritation of the bronchi may be a feature in the production of the disease is shown by the great frequency of cancer of the lungs and bronchi amongst workers in cobalt and nickel mines.

(131) Fatal Rupture of Spleen.

DARWIN (*Ind. Med. Gaz.*, June, 1890) records the following case: A Sepoy, aged 21, apparently healthy, fell in attempting to mount a bare-backed pony; he got up and walked about 150 yards, when he "felt queer," and sat down, vomited twice, felt exhausted and looked pale. He was quite collapsed when the doctor arrived; pulseless, and with sunken eyes. He referred to the left side of the abdomen as the seat of his pain, and died within two or three minutes. The body was opened half an hour after death, when a large quantity of blood was found in the peritoneal cavity. The spleen was carefully removed, and, on examination, was found to present two distinct points of rupture, the one below, the other on the upper and posterior surface at the upper curved portion. They were about an inch apart, the lower, which was the larger, being about an inch and a half long and half an inch deep. The spleen seemed to be about twice the size of a healthy one; the borders were rounded and the substance firm, but a small area around each rupture was soft and friable. The liver was somewhat enlarged; the other viscera were healthy. Dr. Darwin comments on the fact that the spleen was only moderately enlarged while the injury was comparatively slight.

SURGERY.

(132) Resection of the Spleen.

BARDENHEUER (*Deut. med. Woch.*, September 25th, 1890) reports a case of resection of the spleen. The patient, a married woman aged 47, had suffered at the age of 7 from a severe illness characterised by high temperature with intense pain in the abdomen. This had followed a fall on the left side of the chest, and had lasted three months. It was diagnosed as typhoid by the doctor in attendance. She recovered completely, and menstruated regularly till the beginning of 1890, when she began again to suffer from excruciating pain shooting from the pelvis to the left hypochondrium. This was associated with disturbance of the menstrual function and much impairment of health, notably as regards digestion. On examination a cystic tumour as large as a child's head was found in the pelvis; the uterus was displaced forward and to the right by the tumour, from which it was separated by a slight sulcus. The ovaries could not be felt, but a short thick cord could be traced from the tumour to the uterus; this was judged to be the pedicle of the ovary in a condition of cystic degeneration. On opening the abdomen with the view of removing the tumour, it was found

that the spleen, which was very movable, extended down to the cyst, embracing the upper part of it, and occupying the whole of the false pelvis. Three ways of dealing with this state of things occurred to Bardenheuer: 1, to stitch the cyst to the edges of the abdominal wound and then incise it, and allow it to suppurate; 2, to resect the cyst together with the lower end of the spleen; 3, to extirpate the spleen entirely. Partial removal of the spleen was decided on, and accordingly about one-third of its substance was resected. The patient made a good recovery, and was discharged seven weeks after the operation. There were no symptoms of leucocytosis and no enlargement of the thymus. Bardenheuer thinks the cyst may have had its origin in the injury sustained in childhood, and that when the functions of the digestive and generative organs became disordered the movable spleen descended into the pelvis, and became fixed there by adhesions. Bardenheuer states that this is the first case in which resection of the spleen has been performed on the human subject.

(133) Diagnosis and Treatment of Cysts of the Pancreas.

Dr. O. Riegner narrates (*Berlin. klin. Wochenschr.*, October 20th, 1890) a successful operation for the cure of a pancreatic cyst. The patient was a young woman, aged 24, who three years previously had fallen from a ladder and injured her abdomen. This was followed by continuous pain, which was ultimately followed by vomiting and collapse. After having been in a critical state for some time she recovered with a tumour in the epigastrium, which reached from near the ensiform cartilage as far as the umbilicus, towards the right as far as the nipple line, and towards the left as far as the axillary line. It was depressed during inspiration, and had a pulsation synchronous with the heart's beat. This pulsation disappeared when the patient assumed the knee-elbow position. The tumour was elastic, and dull on percussion, and an aspirator withdrew a brown fluid with an alkaline reaction which contained altered blood corpuscles and numerous fat cells; it emulsified fat, and converted starch into sugar. The urine was acid and of high specific gravity (1027), and contained traces of sugar. A cyst of the pancreas was diagnosed, and it was determined to perform laparotomy and drain it, and stitch it to the abdominal wall. This was done, and the cyst exposed by cutting through the loose omentum which was stretched over its surface. The cyst was tapped and most of its contents withdrawn, and then its walls were seized and drawn through the wound, and the rest of its contents evacuated. The cyst wall was stitched to the skin, and its interior packed with antiseptic gauze. There was some discharge from the cyst after the operation, but the patient made a good recovery. The cyst fluid was alkaline, and had a specific gravity of 1009, was highly albuminous, and contained 1.86 per cent. of trypsin. It had the physiological properties of pancreatic fluid. Dr. Riegner discusses the diagnosis of this class of cases. A distended gall bladder was excluded by the extension of the tumour towards the left hypochondrium, and its position near the middle line seemed to exclude echinococcus of the liver or spleen. Cysts of the kidneys were also put aside by the absence of dulness in the lumbar regions. The extreme neuralgic pain which accompanies most pancreatic cysts is also mentioned as a diagnostic point, and also the results of puncture. As regards the operation, he says that extirpation has been done seven times with six deaths. In the case which recovered the cyst had fortunately acquired a pedicle, and therefore did not require enucleation. The etiology of pancreatic cysts is not yet understood, but many are, without doubt, retention cysts, some being due to blocking of ducts with stones. Others may be due to injury having caused an extravasation of blood into the tissues of the pancreas. This may have been so in Dr. Riegner's case, although the possibility of its having been connected with a perforating ulcer of the stomach is not to be lost sight of.

(134) Successful Resection of Intussusception.

Dr. Rosenthal (*Berlin. klin. Wochenschr.*, October 13th, 1890) describes a successful case of resection of an intussusception. The patient was a woman, aged 35 years, who had a chronic intussusception of nearly six weeks' standing, which was at first thought to be an omental tumour. A bent tumour could be felt in the umbilical region and extending into the left hypochondrium, but the bowels acted with a fair amount of regularity and without the passage of blood or mucus. After the patient had been kept under observation for some time, it was found that she was losing ground, and therefore the tumour was explored through a long incision in the middle of the linea alba. An intussusception was found which seemed to consist of an invagination of the ileum into the cæcum and ascending colon, with a subsequent dragging of both the latter into the transverse colon. As these could not be withdrawn the tumour was resected, and the end of the ileum stitched into the transverse colon with twelve Lembert sutures, and the abdominal wound closed in the usual way. Fæcal extravasation was prevented with two elastic bands. The patient did almost uninterruptedly well, and the bowels were opened spontaneously on the tenth day. Dr. Rosenthal chose resection in preference to enterotomy and artificial anus, because it removed the diseased part, which, if left behind, would have exposed the patient to the risk of its ulceration, or to the spread of septic inflammation, or to gangrene. Out of twenty-five cases of intussusception in which the invaginated bowel could not be withdrawn four were left, the abdomen being merely closed, and all died; in twelve excision was done, with only a single success; and in nine enterotomy was performed, but all proved fatal. Braun and Bruns, however, have recently published successful cases of enterectomy, so that, with Dr. Rosenthal's, three recoveries are on record.

(135) Peroxide of Hydrogen as an Antiseptic.

Dr. Robert Morris (*N. Y. and Philad. Times and Register*, September 20th, 1890) read a communication at last year's meeting of the American Medical Association upon the antiseptic and germicidal properties of peroxide of hydrogen. He says that peroxide of hydrogen H_2O_2 in the strong 15 volume solution is almost as harmless as water, and yet, according to the testimony of Gifford, it kills anthrax spores in a few minutes. It is better than bichloride of mercury, hydronaphthol, or carbolic acid, for sterilising a suppurating wound. In abscess of the brain, where the pus cannot be thoroughly washed out without injuring the tissues, the H_2O_2 injected at a superficial point will follow the pus, and throw it out in a foaming mixture. It is best to inject a small quantity, wait until foaming ceases, and repeat injections until the last fails to bubble. In appendicitis we can open the abscess, inject peroxide of hydrogen, and so thoroughly sterilise the pus cavity that we need not fear infection of the general peritoneal cavity if we wish to separate intestinal adhesions, and remove the appendix vermiformis. The most extensive psoas abscess may be opened without dread of septic infection when the peroxide is used. Purulent conjunctivitis may also be cut short by

using it, although in the case of the eye, the nose, or the urethra, cocaine or ether may be needed to prevent smarting. It is possible to wash out an abscess of the breast with H_2O_2, and get recovery under a single antiseptic dressing, and without a drop of pus. Peroxide of hydrogen is also recommended by Dr. Morris for purulent ophthalmia, diphtheria, and ozæna. A final word of caution is given that peroxide of hydrogen is an unstable compound, and, therefore, requires to be kept with care; and, also, that it is readily decomposed by metals, and that it rapidly bleaches hair.

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(136) Histology of Urethral Stricture following Gonorrhœa.

M. BARABAN, of Nancy, gives a detailed account (*Revue Médicale de l'Est*, October 1st, 1890), of the changes which he found in the urethra of a man who died, with suppurating kidneys, three days after internal urethrotomy had been performed by M. Rohmer for a stricture in the bulbous portion of the urethra. The epithelium, from the fossa navicularis to the beginning of the membranous portion of the urethra, was of the stratified pavement type, and presented various differences in arrangement, etc., in different situations. For the space of about 1 centimètre in front of the stricture, the epithelium had almost disappeared. Both Nittel and Neelsen represent the epithelial lining of urethral strictures as of the stratified pavement type, and though this agrees with what was found in the present instance, it does not appear to be a constant condition in stricture, for it was not observed by Brissaud and Segond in their cases, and M. Baraban has found the same kind of epithelium in a urethra which was free from stricture. In other cases, again, similar epithelial changes occur throughout the whole of the canal, though it may be narrowed only at one point. Thus M. Baraban does not agree with Neelsen, who attributes the transformation of the epithelium to changes in the subjacent connective tissue, but is rather inclined to consider the epithelial changes as due to something introduced from without, such as gonococcus, or to the effects of various kinds of treatment. The cut surface of the wound made by the urethrotome in this case was covered with a layer of fibrin forming a network the meshes of which were occupied by white globules and by large, pale, homogeneous cells which represented the remains of the superficial epithelial layer which had been detached by the surgeon's instruments. The wound was thus covered with a sort of varnish, and was thereby protected against the action of the urine. This condition of things seemed to show that the wound made in internal urethrotomy may heal by a process similar to that of repair by scabbing as seen on the skin, and that consequently the formation of retractile cicatricial tissue may not take place in such cases.

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(137) Rupture of Liver and Kidney: Laparotomy.

DR. H. C. DALTON (*Weekly Medical Review*, October 4th) reports the case of a mulatto, aged 28, who fell a height of twenty-five feet across an iron bar, the right lumbar region being the point of contact. He became faint, but did not vomit and did not lose consciousness. He was at once taken to the hospital, when no abrasion or contusion was found at the seat of injury; the urine was drawn off and found to be quite bloody; there was pain on pressure over the right lumbar and hypochondriac regions, and dulness in the right lumbar region as high as the axillary line. He suffered much pain during the night, and his temperature rose. Next morning the abdomen was distended, and tender and dull in both flanks. Believing that the liver was ruptured, Dr. Porter proceeded to open the abdomen, when he found a good deal of blood in the peritoneal cavity and some clots beneath the liver; on the posterior surface of the liver a large rent could be felt, about three inches long; as he was unable to get at this so as to suture it, he packed it with gauze, leaving one end of each strip outside the abdomen, which was then closed with interrupted silk sutures, involving skin, muscles, and peritoneum. The patient had no bad symptom, and left the hospital five weeks after the accident, the gauze having been removed on the second day.

MIDWIFERY AND DISEASES OF WOMEN.

(138) A Case of Symphysiotomy.

DR. CARLO CUCCA reports (*Giorn. Internaz. delle Scienze Mediche*, July 15th, 1890) a case in which symphysiotomy was successfully performed by Professor Novi in the maternity department of the "Incurabili" Hospital at Naples. The patient, a dwarfish and deformed woman, aged 21, with a ricketty and extremely narrow pelvis, had been in labour for six hours; the os was fully dilated, and the fœtus, which was alive, was presenting in the second cranial position. As the outlet was too narrow for delivery by forceps, Professor Novi, who is strongly opposed to embryotomy on a living child, after careful disinfection of the seat of operation, made an incision about 2½ centimètres long in the middle line, commencing about 1 centimètre above the pubes; the soft parts were divided down to the symphysis, which was then cut through. The two bones immediately sprang asunder for a distance of 2 centimètres. The uterine contractions were so weak, and the head of the fœtus so large that delivery had to be completed with the aid of forceps. When the head was passing the lower outlet of the pelvis the gap between the pubic bones measured 81 millimètres, but there was no "starting" of the sacro-iliac synchondroses, which were firmly supported by two assistants. The child, which was born alive, was remarkably large in all its dimensions, especially the head, which exceeded the average by about 1 centimètre in all its measurements; moreover, ossification was so far advanced that the fontanelles and sutures could hardly be made out. After careful disinfection with sublimate solution, and the application of a dressing of iodoform gauze to the wound, a bandage was placed around the pelvis to keep the bones in close apposition, and another round the knees. There was no rise of temperature except for about one degree on the fifth day; a calomel purge speedily brought it down to normal, and thenceforward recovery was uninterrupted. In a fortnight the wound was completely healed, and on the twentieth day the patient was allowed to leave her bed. A few days later she left the hospital "on her legs." Dr. Cucca points out that while, according to most authorities, 77 millimètres is the extreme distance to which the pubic bones can be separated without risk of injury to the sacro-iliac synchondroses, in this case they were fully 81 millimètres asunder without any accident having occurred. He goes on to say that Professor Morisani, director of the official Obstetric Clinic at Naples, performed symphysiotomy in several cases with perfect success during the past academic year, and that he himself had seen the operation done in several other cases in the obstetric ward of the "Incurabili" Hospital, "with the happiest result for the mothers as well as for the children."

(139) Vaginal Fixation of the Uterus.

DR. SCHÜCKING, of Pyrmont (*Centralb. f. Gynäk.*, No. 8, 1890) has devised an ingenious remedy for prolapse and retroflexion of the uterus, superior, in his opinion, to the ventral hysterorrhaphy or hysteropexy of Caneva, Kelly, and others. A needle, armed with a short silken thread, is boldly passed through the uterine cavity, transfixing the anterior wall of the uterus, which is forcibly drawn forwards and pressed downwards. The end of the ligature is then carefully passed through the vesico-uterine space, backwards and downwards into the vagina, where it and the end hanging from the cervix are drawn together and tied. The uterus should be steadily and slowly drawn downwards in order to avoid danger to the bladder. After the operation a Hodge's or Thomas's pessary is introduced into the vagina. Dr. Schücking considers that the threads ought not to be removed before the eighth or the tenth week. Professor Zweifel (*ibid.*, 39, 1890) describes his modification of Schücking's operation, which he has performed six times. By means of a Paquelin's cautery knife a transverse incision is made in the anterior vaginal fornix, the cervix is pressed back, and the bladder pushed up, and hæmorrhage checked by ligatures if necessary. The bladder is then displaced by the catheter as much as possible to the left, the uterus drawn downwards and somewhat to the right by means of a special curved needle passed through the vaginal vault. The needle, armed with rather fine silk, is used to draw down the fundus towards the anterior fornix. Whilst the bladder is pushed as much upwards as possible by the operator's left forefinger, the needle is passed on through the uterus and the anterior aspect of the vaginal vault. Then it is withdrawn, and the loop of fine silk threaded with stouter silk; the former is then pulled backwards, so that the stout silk takes its place, passing through the vaginal vault, the anterior wall of the uterus, the uterine cavity, the cervical canal, and out at the os externum. This arrangement avoids the danger and awkwardness of a very stout needle with a big eye. The end passing out of the os is secured by a leaden-plated shot or glass bead, the other end pulled firmly: this causes the cervix to swing backwards against the sacrum. The incision in the vault is sewn up, and the end of the ligature passing through the vault is also secured by a leaden plate and a shot. The vagina is douched daily; the patient can get up in a few days. At the end of a week the ligature, always loosened, is drawn tighter, a gutta-percha ring being passed between each leaden plate and shot. After six weeks the ligature is removed. This operation can only be performed on a freely movable uterus. Hartmann (*Annales de Gynécologie*, June, 1890) naturally observes that this operation substitutes one displacement for another, a bad anteflexion for a moderate or bad retroflexion or prolapse. Pozzi, author of the latest complete textbook on gynæcology (*Traité de Gynécologie Clinique et Opératoire*, July, 1890) says, in reference to Schücking's operation: "Notwithstanding the recorded successes, it seems to me that this bold proceeding is hardly to be recommended."

(140) Cystopexy for Vaginal Cystocele.

M. TUFFIER (*Revue de Chirurgie*, July, 1890) performed some experiments on dogs, in order to ascertain whether the wall of the bladder could contract vascular adhesions to the abdominal walls; secondly, if so, whether such adhesions would embarrass micturition; and thirdly, if they would cause kinking or bending of the ureters. The experiments proved that such adhesions really formed without producing the evil effects which were anticipated. He therefore undertook cystopexy in a woman subject to complete prolapse of the uterus with vaginal cystocele. Hysteropexy had been performed in vain. M. Tuffier made an incision as in suprapubic lithotomy. He then dissected up the anterior wall of the bladder, and then by traction brought the lateral parts of the bladder into the wound. Having assured himself that the vaginal cystocele was reduced, he fixed the walls of the bladder in the wound by means of five catgut sutures. The patient was cured, except that a trace of prolapse, corresponding to the neck of the bladder, was left behind. This displacement was promptly rectified by the performance of anterior elytrorrhaphy.

(141) Laparotomy for Pyosalpinx.

DR. R. MENOCAL, of Havana, reports (*Revista de Ciencias Medicas*, August 20th, 1890) a case in which he operated successfully for pyosalpinx in a woman aged 21. The patient, who had led an irregular life, had suffered from gonorrhœa, in the course of which she had been delivered of a child. For some days after her confinement she was very ill with tympanites and pain in the lower part of the abdomen. When she came under notice about a year later she was suffering from endometritis. The uterus was fixed in the position of anteversion, but not enlarged. In the posterior *cul de sac* a small resistant swelling could be felt, extending towards the right in the direction of the ovary. The cervix was curetted, after which concentrated solutions of chloride of zinc were applied. Under this treatment the endometritis was considerably relieved, but some time afterwards the patient returned with intense pain in the abdomen, vomiting, and high temperature. The swelling in the posterior *cul de sac* was found to have markedly increased in size, forming a projection as large as a pear between the cervix and the rectum. An incision 6 centimètres long was made through the abdominal wall, including the peritoneum, when the swelling came into view on the right. After the separation of some adherent coils of intestine it was aspirated and 300 grammes of purulent fluid drawn off. The walls of the cavity, which were formed by the dilated Fallopian tube, were then excised, the abdominal cavity washed out with hot sterilised water, and two large drainage tubes inserted to the bottom of the posterior peritoneal sac. The wound was brought together with metallic sutures and dressed with iodoform vaseline and a thick covering of salicylic wool, kept in position by a flannel bandage. The temperature remained normal during the first forty-eight hours, and the drainage tubes, which had only given issue to a small amount of sero-sanguinolent fluid, were taken out. On the third day there was a slight rise of temperature, owing to the formation of a small abscess in the upper angle of the wound. On the sixth day the sutures were removed and the wound was found to have healed by first intention, except at the point where the drainage tubes had passed, which did not close till the tenth day. Twenty days after the operation the patient was discharged cured, and at the date of the report was in excellent health without any pain in the abdomen. Menstruation was perfectly regular.

(142) Ill Effects following the Introduction of a Foreign Body into the Vagina.

M. PAMARD (*Rev. de Chir.*, May, 1890) describes a case in which a woman, aged 34, apparently a virgin, applied for medical relief for incontinence of urine and marked cachexia. It transpired that six months before she had introduced a pencil into the genital passage. Severe pain set in a week later. The patient was

chloroformed. An oval whitish mass was then detected; it pushed downwards the intact hymen. This mass was removed with forceps, and it was found to consist of a pencil over five inches in length, encrusted for two inches and a half with a large phosphatic calculus. The vesico-vaginal septum was completely destroyed. The calculus lay in the bladder, and the point of the pencil had perforated the upper aspect of the bladder. After the extraction of the foreign body a greenish fluid escaped, proving the existence of a vesico-intestinal fistula. M. Pamard endeavoured to close the great breach in the anterior vaginal wall by dissecting up a flap from the vulva, and uniting it to the edges of the fistula. Two days after the operation the patient was seized with influenza; she died of pulmonary complications. At the necropsy it was found that the pencil had perforated the bladder, a loop of small intestine, and the cæcum.

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(143) Fatal Hæmorrhage from a Vulvar Varix.

DR. NAHMMACHER, of Malchow, Mecklenburg (*Berlin. klin. Wochenschr.*, October 20th, 1890) relates the following case. Last autumn a shoemaker's wife, aged 35, the mother of six children, and in the last month of pregnancy, went to wash her clothes on the banks of the Malchow See, Mecklenburg. She stood at work on the slippery wooden platform erected, according to the usual custom, on the shore of the large lake, when, either through slipping off the edge of a plank, or else through feeling faint when leaning over the platform, she fell into the lake. As there were plenty of other women about the place she was soon saved. When she was pulled out of the water it was found that she was bleeding. She had to be carried to her home, 500 steps from the mere; blood dripped from her all the way. Dr. Nahmmacher was sent for, and came within twenty minutes. The floor of the patient's bedroom was covered with pools of blood, the patient was pale as a sheet, and seemed moribund. A glass of rum revived her for a minute or two, and checked the hæmorrhage. Dr. Nahmmacher examined the pelvic organs; there was no placenta prævia, the head presented, a finger could be passed into the os. Ether was injected subcutaneously, but in vain. The patient died about five minutes after the arrival of the physician. Cæsarean section was done at once, and the child extracted through the abdominal wound within a minute and a half; it showed, however, no sign of life, and artificial respiration did no good. The body of the mother was carefully inspected. There was no sign of injury in the uterus or vagina. On removing a big clot from the left labium a very large varix was discovered; this varix was bruised and had ruptured. Most probably the patient had struck the part against the top of one of the posts which abound near washing, fishing, and landing platforms on the shores of north German lakes.

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(144) Uncontrollable Vomiting of Pregnancy.

DRS. HENSKE (*St. Louis Clinique* and *Archives of Gynæcology*, August, 1890) and Gottschalk have found menthol efficacious in stopping the uncontrollable vomiting of pregnancy. Fifteen grains are dissolved in five ounces of distilled water, to which five drachms of rectified spirit are added. A tablespoonful of this mixture is given hourly till the vomiting ceases. The editor of the *Archives of Gynæcology* states that he has had an opportunity of trying the efficacy of this mixture. Vomiting ceased after the fourth tablespoonful. Dr. Gottschalk reports two cases with similar results.

DISEASES OF CHILDREN.

(145) Pernicious Anæmia in Childhood.

A PAPER on pernicious anæmia in childhood, contributed by Drs. Ad. D'Espine and C. Picot, of Geneva, to the Section of Pædiatrics of the International Medical Congress (1890), is published in the *Revue de Médecine* for October 10th. Each author contributes one case, and they give brief notes of four others, which are all that they have been able to find recorded in the literature of the subject. In both the cases now published for the first time the course of the malady was very brief; in neither case did the symptoms endure more than about one month. Dr. D'Espine's patient was aged 2 years, Dr. Picot's 13; both were healthy children in whom marked anæmia rapidly developed without any discoverable cause; the possibility of the presence of *bothriocephalus latus* was not overlooked, but the exhibition of male fern was not followed by the expulsion of a worm. In the younger child there was at an early stage some gastric disturbance, and the administration of castor oil led to vomiting, but no diarrhœa; in the elder child, on the other hand, there were at an early stage attacks of colic and diarrhœa, and one or two attacks of vomiting; both suffered from loss of appetite and continual thirst; both presented purpuric patches, the younger petechiæ also; the gums in both were healthy; epistaxis occurred in both, but was severe only in the elder and towards the termination of his illness; the blood in both was pale and did not coagulate properly. In both there was firm œdema of the lower extremities, and in the younger an anæmic cardiac murmur, and towards the end a *bruit de galop*. Dyspnœa was present in both, and in the elder child was very severe; in fact, the most prominent symptom. In the younger child there were two slight accesses of fever ten days and a week before death, and for the last four days moderate remittent fever; in the elder there was no fever. A necropsy was obtained in Dr. Picot's case. The abnormalities noticed were:—liver large, firm, pale yellow, and of fatty appearance, gall bladder empty; spleen nearly twice the normal size, soft, and congested; the stomach was healthy, with the exception of two or three vascular points; the duodenum, jejunum, and ileum were healthy to within 4 or 5 inches of the ileo-cæcal valve; below that point the intestine was thickened, as were also the cæcum and appendix vermiformis; there was no ulceration, and no swelling of Peyer's patches; on section the intestine had a greyish lardaceous aspect; the corresponding mesenteric glands were enlarged; the rest of the large intestine was healthy. Dr. Mayor made a microscopical examination; he found all the coats of the intestine except the serous copiously infiltrated with leucocytes; these leucocytes were not contained in a reticulum, and Dr. Mayor concludes that the lesion was not lymphadenoma. The thymus gland was persistent in this boy, large, heavy, and lobulated. In the younger child iron and arsenic were exhibited without any benefit, and quinine had little or no effect on the fever. The authors discuss the etiology of the disease, which they attribute to "an auto-intoxication of gastro-intestinal origin," but are apparently unacquainted with the more recent work (see BRITISH MEDICAL JOURNAL, July 5th and 12th, 1890) of Dr. William Hunter, from whose earlier work they quote. They discuss the rarity of pernicious anæmia in childhood, and venture on a hypothesis connecting these fatal cases with other cases of severe anæmia in childhood not due to diarrhœa, or imperfect feeding, cases in which there is anæmia without wasting associated, as they believe, with abnormal fermentations in the stomach or intestines, and often

primarily dependent on dilatation of the stomach produced by overfeeding. Their hypothesis is that these cases really belong to the same category as the pernicious anæmia of adults, and that the reason why the anæmia so rarely becomes truly pernicious is that the hæmatopoietic activity, of the bone marrow especially, is so much greater and more intense in infancy and early childhood than during adult age.

(146) Rickets and Prolonged Lactation.

DR. ALBERT S. ASHMEAD (*New York Medical Record*, October 11th, 1890) states that "during a nineteen months' childrens' clinical service in Tokio," Japan, no case of rickets was presented for treatment. On inquiry of Japanese practitioners, he was informed that no such disease had ever been brought to their notice. Dr. Ashmead states that Remy, Wernich, and other foreign observers have been struck by this absence of rickets among Japanese children. The Japanese women are very carefully and considerately treated by all classes during pregnancy, and subsequently suckle their children up to a relatively advanced age, even 5 or 6 years. The secretion of milk in Japanese women is said to be very copious and rich. The children at an early age are permitted to eat fish, and fats enter largely into their dietary. Deformed pelves are extremely rare. Cases of bow leg are not rare, and have been attributed by some observers to rickets, but Dr. Ashmead maintains that there are no evidences of rickets in these cases, and that the deformity is produced by the peculiar manner of sitting operating upon young bones. The immunity from rickets is, he thinks, to be attributed to (1) the prolonged suckling of the children, the milk being good in quality, and contributing to preserve them from diarrhœa and other digestive disturbances; (2) the large consumption of fish and fish oils by the lactating women and by the children after their first year; (3) the absence of deformed pelves, and the consequent easy labours; (4) the exceedingly gentle care and nursing of the pregnant and parturient women; (5) the general possession of good teeth, allowing perfect mastication; (6) the incressed length of the intestinal absorption surface, the researches of Scheube and Tagachi having shown that the Japanese intestine is, in proportion to the height of the body, one-fifth longer than the European. To these points ought to be added the fact, also noted by Dr. Ashmead, that the number of children born to each woman is small; this may possibly be due in part at least to the prolonged lactation. As concubinage is permitted, the number of children in a family may, nevertheless, be large. For the prevention of rickets in Europeans, Dr. Ashmead recommends more prolonged lactation, a fish diet for mother and child, and in certain cases phosphorised cod-liver oil for the child.

(147) Antipyretics in Childhood.

IN an article on the significance of high temperature in children, published in the *Archives for Pediatrics* for October, 1890, Dr. Wm. L. Stowell, after pointing out that the child's temperature is normally a little higher (about 0·6° F.) than that of an adult, and that it is easily raised by trifling causes of the nature of nervous impressions or reflex causes, proceeds to advise great caution in the administration of antipyretics. One or two fair doses of acetanilide, antipyrin, or phenacetin lessen the initial fever and headache of pneumonia or scarlet fever, but persistence in these drugs is detrimental. Quinine should only be given as an antipyretic in undoubted ague. Fever may often be lessened indirectly (1) by heart tonics; thus in capillary bronchitis or catarrhal pneumonia, after measles, he combines quinine with digitalis; (2) by general tonics, as, for example, iron in diphtheria; (3) by judicious attention to diet. Cold sponging, being grateful to the patient, is often valuable, but the cold bath, he considers, ought to be employed with great care, owing to the danger of collapse.

(148) Sterilised Milk in Infantile Diarrhœa.

IN a communication made to the Société Médicale des Hôpitaux on October 10th (*Sem. Méd.*, Oct. 15th, *Prog. Méd.*, Oct. 18), M. Comby confirmed the statement of other observers that sterilised milk is the best prophylactic and a very valuable remedy in infantile summer diarrhœa. He had treated during the past summer forty-four children of various ages from 1 month to two years; thirty were completely cured; fourteen were improved, and a little bismuth completed the cure. The sterilised milk employed was a commercial article, and M. Comby insisted that it was not sufficient to sterilise the milk as it was delivered at town houses or hospitals. The milk ought to be fresh when sterilised. M. Debove said that sterilised milk was also valuable in the treatment of adults, and that good specimens retained the flavour of fresh milk.

(149) Salol in Malarial Diarrhœa.

DR. MONCORVO, of Rio Janeiro, strongly recommends salol in the treatment of diarrhœa, complicating malaria, in childhood. His paper, which is published in the *Revue Mensuelle des Maladies de l'Enfance* for October, contains a series of cases of various ages. He states that the diarrhœa rapidly decreases, and soon ceases altogether, and the stools are no longer offensive; flatulence and colic, due to abnormal intestinal fermentation, cease to be troublesome. His general conclusion is that salol is a valuable agent for producing "intestinal antisepsis in children with enteritis or entero-colitis of malarial origin." He administered the remedy suspended in mucilage, and found it well taken, even by very young children. No poisonous symptoms were ever observed to follow its use. The dose given to an infant in the first few months of life was 15 to 20 centigrammes (about 2 to 3 grains); for a child under 2 years, 25 to 50 centigrammes (about 4 to 7½ grains); above 2 years, from 1 to 2 grammes (15 to 30 grains).

(150) Hepatic Abscess in a Female Infant.

PEREIRA (*Ind. Med. Gaz.*, June, 1890) was called to see a European female infant, aged 20 months, who had had dysenteric symptoms for about a month, and symptoms referable to the liver for nearly the whole of that time. The infant was emaciated, febrile, and with a waxy complexion; there was a well-defined and fluctuating swelling in the region of the liver, most prominent at the tenth intercostal space. Pereira tapped the abscess, drawing off about 12 ounces of blood-stained pus. About a week later the abscess reopened spontaneously and discharged a good deal. When it had been discharging for three weeks, the cavity was syringed daily with a solution of boracic acid (gr. 10 ad ℥i), after which the discharge practically ceased, and the cure was permanent.

PHARMACOLOGY AND THERAPEUTICS.

(151) Drug Eruptions.

LELOIR, of Lille (*Brit. Journ. of Derm.*, September, 1890), at a discussion on the nature of drug eruptions which took place at the Berlin meeting of the International Medical Congress, gave an account of three

rare forms of drug eruptions: (1) a potassium iodide eruption, resembling scabies in appearance, distribution, and symptoms; (2) a sodium salicylate eruption, resembling giant urticaria; (3) a sulphonal eruption, a diffuse erythematous macular rash, situated chiefly on the thorax and back, resembling roseola syphilitica. Professor Petersen, of St. Petersburg, related a case of extensive erythematous and macular eruption which appeared half an hour after an injection of calomel for syphilis. In the course of a few days the eruption faded. A week later a second injection was given, which caused a much less severe but similar eruption. No exanthem followed a third injection. A similar train of cutaneous symptoms was produced in the same patient by a series of injections of hydrarg. ox. flav.

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(132) Cannabis Indica in Affections of the Stomach.

GERMAIN SÉE (*La Médecine Moderne*, July 24th and 31st) gives the result of his experience as to the action of this drug in various disorders of the stomach. He remarks that both tannate of cannabin and cannabinon are uncertain in their action, and are not really the active principle of the drug. He therefore has used a fatty extract, and given it in divided doses of three-quarters of a grain in the day. The drug is chiefly useful in functional disorders of the stomach, of which there are two groups; one in which there are chemical changes in the gastric juice, hyperacidity due to hydrochloric acid or to the organic acids, and deficiency of acid which occurs in certain diseases. The second group includes the gastro-intestinal neuroses in which there is no chemical change in the gastric juice. These affections are associated with many symptoms. When the hyperacidity is due to hydrochloric acid there is an increase of appetite; when to the organic acids there is a loss of appetite. Pain varies in all the affections. Atony of the stomach, with or without dilatation, is present in nearly all cases, as well as the presence of an excess of gas in the stomach. Digestion in the stomach is good when there is excess of hydrochloric acid; bad when the acidity is due to organic acids, or when hydrochloric acid is deficient. In the neuroses digestion is good. The digestion in the intestine follows closely that in the stomach. Cannabis indica relieves all the painful symptoms of stomach affections, and restores the appetite. When there is excess of hydrochloric acid, large doses of bicarbonate of sodium must be given as well, about four hours after a meal. Cannabis has no action upon atony and dilatation of the stomach, which must be treated by washing out the stomach and by hydrotherapy. It acts well, however, in stomach cramp and in neurotic vomiting. It does not affect the formation of gas, but helps its exit from the stomach. It acts beneficially in the reflex symptoms of stomach disorder, such as faintness, migraine, sleeplessness, and palpitation. The author concludes that cannabis is the best stomachic sedative. Unlike opium and chloral, and other sedatives, it does not injuriously affect the digestive tract.

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(133) Intestinal Antisepsis in Typhoid Fever.

AT the congress recently held at Limoges, M. Teissier, of Lyons, read a paper on intestinal antisepsis in typhoid fever (*Rev. de Thér. Méd. Chir.*, October 1st). With the object of destroying or neutralising the effect of the soluble products of the typhoid bacillus he gives naphthol-alpha in doses of 40 centigrammes in combination with salicylate of bismuth. Diuresis is kept up by means of cold enemata, while an enema containing 4 grammes of extract of cinchona and from 60 centigrammes to 1 gramme of sulphate of quinine, dissolved in infusion of valerian, is given by way of an "antithermic tonic." The diet consists of Bordeaux wine, milk, and a little bouillon. Of fifteen consecutive cases, taken indiscriminately, some of which had gone on for a fortnight without treatment, all were cured, "with one doubtful exception." The effects of the treatment were as follows: As soon as intestinal antisepsis was established the urine became green, the temperature fell, albuminuria disappeared, the spleen diminished in size, and the tongue became remarkably moist. After some considerable oscillations of temperature, following the first drop, convalescence begins, and is very rapid. The naphthol acts by sterilising the bacterial products in the intestine. The drug has a similar influence on the temperature in malignant erysipelas and puerperal fever. Without condemning cold bathing in typhoid, M. Teissier, for the present at least, pins his faith on naphthol.

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(134) Pilocarpine and the Colour of the Hair.

DR. PRENTISS (*Brit. Journ. of Derm.*, September 1890), at the meeting of the International Medical Congress at Berlin, related the case of a lady, aged 25, who had thin blonde hair, and who suffered from uræmic symptoms depending on an affection of the kidneys. Frequent injections of pilocarpine were given. In one month the hair had become changed to a chestnut colour, and after two months it was found to be a deep black, the hair, moreover, being much fuller and thicker than before.

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(135) Intestinal Antisepsis in the Treatment of Bromide Eruptions.

AT the meeting of the Société de Biologie of Paris, on October 11th (*Prog. Méd.*, October 18th; *Sem. Méd.*, October 15th), M. Féré showed photographs of a patient with a fungating bleeding bromide eruption. The patient had been given large doses of bromide of potassium, which had brought about a considerable diminution in the epileptic fits for which the remedy was given. When the rash appeared the bromide was not stopped, but an attempt was made to render the intestinal contents aseptic by means of naphthol-beta and salicylate of bismuth; under this treatment the cutaneous lesions disappeared. M. Féré stated that in a large number of cases he had seen the bromide rash appearing coincidently with digestive disturbances disappear under this intestinal antiseptic treatment, the dose of bromide being at the same time continued, and even increased.

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(136) Iodide of Potassium in Urticaria.

DR. STERN reports (*Münch. med. Wochenschr.*, October 7th, 1890) five cases in which patients suffering from acute, subchronic, and chronic urticaria were relieved by iodide of potassium. In these cases salicylate of soda, atropine, quinine, and strophanthus had been used unsuccessfully. From the details given by Dr. Stern it would seem that the relief was due to the iodide.

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(137) Suspension in Tabes Dorsalis.

DANILLO and PRZYCHODSKI (*Vratsch*, 1890, Nos. 25, 26, and 27) record the results of this treatment in eleven typical cases of tabes dorsalis. In most of them the lightning pains improved considerably, or even completely disappeared after a few suspensions. In some the power of walking and standing and the difficulty in micturition improved, and, in seven cases in which it had been previously lost, the power of erection returned. Occasionally untoward

symptoms — as cyanosis, protrusion of the eyes, faintness, sickness, and disturbance of respiration — came on after the first one or two suspensions, but these disagreeable symptoms quickly passed off. In two patients, however, they were so marked that the suspension had to be discontinued.

(158) Action of Salicylic Acid on the Uterus.

DR. LINHART (*Wiener medizinische Presse*) declares that salicylic acid has a paralysing action on the uterine vessels. He describes a case under his own observation for two years, where the patient was a rheumatic subject. Whenever she took a dose of salicylate of soda she was seized with pains in the lumbar and sacral region, accompanied by profuse sweats. Dr. Linhart finds that ergot given with the salicylate counteracted and stopped these untoward symptoms.

PATHOLOGY.

(159) Median Fissure of the Lower Lip.

PROFESSOR A. WÖLFLER (*Langenbeck's Archiv*, Bd. xl, S. 795) describes an example of this extremely rare malformation. The cleft extended below the chin and involved the neck. The tip of the tongue also presented a median cleft. The deformity was successfully remedied by operation. Professor Wölfler's communication is the more interesting from the suggestions he makes regarding the causation of the deformity. Taking advantage of Professor His's work on the development of the face and neck, he points out that, at the period when the visceral arches are formed, the aortic bulb lies between their ventral extremities, even those of the first pair of arches out of which the mandible and lower lip arise. If from any cause the heart fails to recede into the thorax at the proper time, followed by the aortic bulb and the associated arterial arches, the ventral ends of the mandibular arches unite imperfectly. This explanation is only intended to apply to this severe form of imperfect union described by Wölfler, not to the median cleft merely involving the lower lip, which, though very rare, has not escaped the attention of British surgeons. Wölfler's view is made very clear by some good sketches.

(160) High Heels and Movable Kidney.

DR. VON KORÁNYI, of Buda-Pesth (*Berlin. klin. Wochenschr.*, 1890, No. 31) has made a series of observations on the influence of dress in cases of floating and movable kidney, and has also studied a large series of statistics prepared from the experience of others. He endeavours to show from these researches that high-heeled boots play a distinct part in causing displacement of the kidney, especially in conjunction with the heavy drag of clothes fastened above to the constricted waist; and fashion at present demands that these two pernicious errors in dress should be enforced on her votaries. The elevation of the heels causes an increase in the lumbar curve. The obliquity forwards of the lower part of the loins is increased; the psoas major bulges forwards; the quadratus lumborum also bulges forwards, and is displaced outwards. Dr. von Korányi shows that this entails displacement of the kidney, even if that organ lie originally well back in the loins. The pushing forward of the kidney stretches the peritoneum immediately in front of it. This weakens the stretched serous surface, and, especially during exertion, the loosening of the kidney forwards and the pushing forward of the peritoneum may easily end in complete dislocation of the kidney. When displacement is thus produced, the faulty clothing and boots aggravate the evil which they have set up.

OTOLOGY.

(161) Periodical Bleeding from the Ear in Hysterical Subjects.

DR. J. BARATOUX (*Revue de Laryngologie, d'Otologie, et de Rhinologie*, October 1st, 1890) records a case in which periodical bleeding from the ear without visible lesion of that organ took place in a girl aged 16. She had been subject to violent hysterical attacks for about four years; menstruation, which began at the age of 12 years and 3 months, occurred regularly twice a month. The hysterical attacks were usually ushered in by exudations of blood from various parts of the body, notably from the right ear, the palpebral conjunctiva on both sides, but especially the right, the right nipple and the neighbouring part of the breast, and the matrix of the nails, of the fingers and toes. At certain points on the upper part of the chest, where no actual exudation of blood took place, irregular asymmetrical reddish spots, like stigmata, appeared, the skin in these places being moist with blood-stained sweat. The blood which trickled from the ear was seen to come "in droplets" from the upper wall of the cartilaginous portion, and the posterior and upper wall of the osseous part of the meatus. The blood, when examined with the microscope, seemed to be normal. Bleeding occasionally took place from the left, as well as from the right ear. It almost always came on quite suddenly, sometimes during one of the attacks to which the patient was subject; on one occasion it lasted four hours. The quantity lost each time was about a thimbleful, frequently even less. The source of the hæmorrhage seemed to be the orifices of the ceruminous glands. The bleeding seemed to have no relation to the menstrual periods. There was no impairment of hearing, and no disease of the auditory apparatus. Reference is made to similar cases published by Ferreri (*Lo Sperimentale*, 1882), Stepanow (*Monats. f. Ohrenheilk.*, 1885, No. 11, p. 321), Petiteaux (*Marseille Médical*, 1887), Eitelberg (*Intern. klin. Rundschau*, 1888, Nos. 3 and 4), and Gradenigo *Accad. di Medicina di Torino*, 1889). In Eitenberg's case there was chronic catarrh of the middle ear, and in Gradenigo's the membrana tympani, which was absolutely unbroken, was a little discoloured owing to slight otitis media.

DERMATOLOGY.

(162) Medicinal Suppurations in Skin Diseases.

DR. V. SENLEN (*Monats. f. prakt. Derm.*, vol. xi, No. 7) has examined a number of cases in which the use of medicaments had produced suppurative dermatitis. Tube cultures showed no fungus development in the first case (lupus faciei, treated by $HgCl_2$). The result in the second case was the same (pruritus hiemalis, treated with tinct. iodi.) as also in the third case (lepra tuberosa, treated with pyrogallol). The fourth case (eczema seborrhœicum, treated with pyrogallol) showed on examination the presence of numerous colonies of different micro-organisms. These were also seen in the fifth case (trichophytia capitis, treated with chrysarobin). The only cause of the suppuration, in the negative cases, seems to be the irritating effect of the medicament. The pus thus produced is less plentiful and creamy, but whiter, and does not contain morphologically differentiated organisms. The idiosyncracies of the skin, for certain medicaments, may be regarded as caused by the "individual disposition."

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